

Mary Louisa Adams

Died at ^{Town} Davis Hill ^{County} Kent MARYLAND

Date 1903 ^{Month} 12 ^{Day} 6 ^{Y.} ^{M.} ^{D.} ^{Age} 4 ^{Native of} Maryland ^{Occupation}

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name John G. Adams Mother's Maiden Name Margaret Riley

Cause of Death { Primary Catarrh of throat How long sick 4 mos.
 Immediate Accident, Suicide, Homicide

Reported by John F. Spencer
 Address Galena, Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Roland Bennett

CERTIFICATE OF DEATH

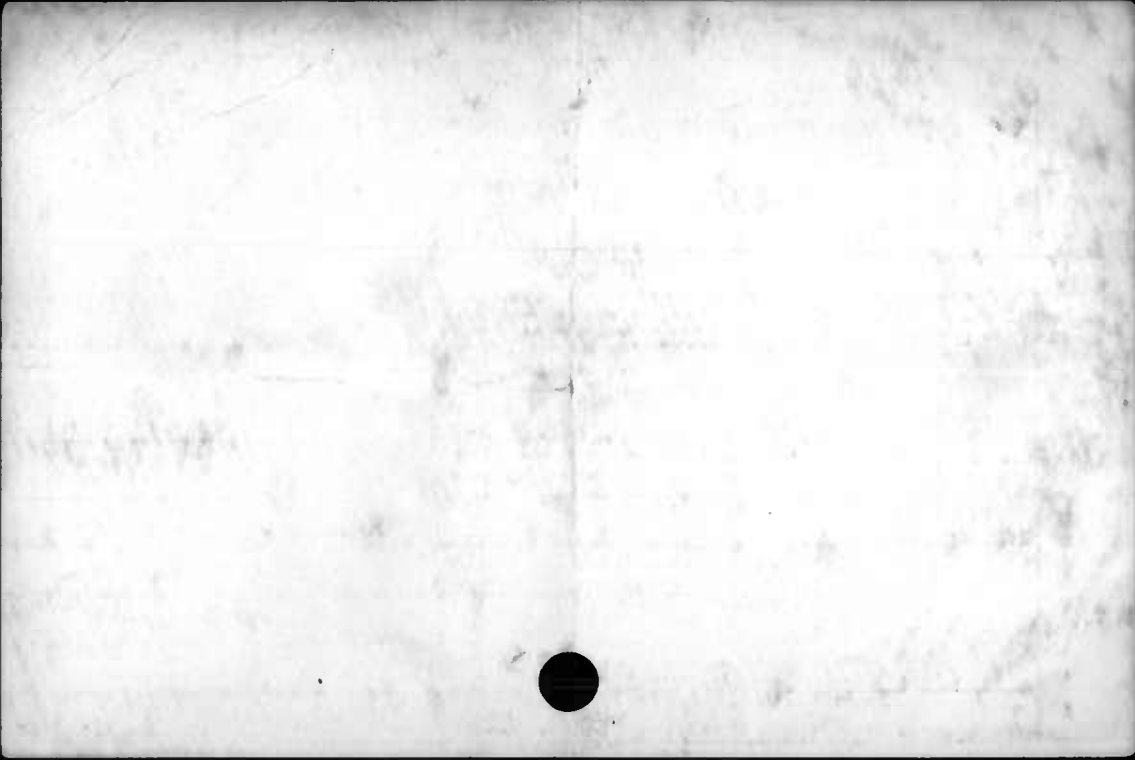
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Broad Neck</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>18</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Fisherman</i>					
Name of Wife or Husband							
Father's Name <i>William Roland Bennett</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Maggie A Lambert</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>Mrs. J. Fletcher</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>4 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L B Wilson</i>
	Address <i>Edesville Kent</i>
Accident or Suicide? <i>no</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

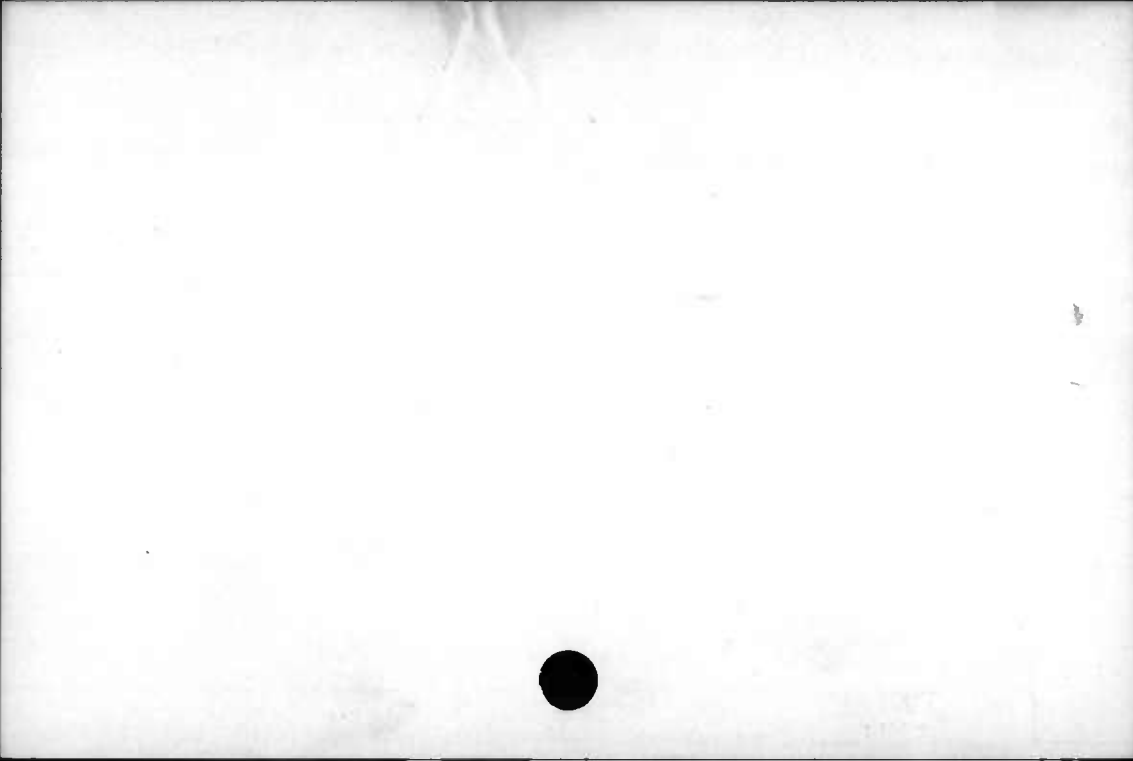
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Susan Bordley</i>		Town <i>Millington</i>		County <i>Kent Co.</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1903 12 21</i>		<i>80</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent, Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. N. Comegys</i>	
		Address <i>Millington</i>	
Accident or Suicide?		<i>md.</i>	



Name of Child

Certificate of Birth

3216

Town

County

Born at

Date 1903

Father's

Name in Full

Occupation

Mother's

Maiden Name

Occupation

Reported by

Address

MARYLAND

Number of Child: 1st 2nd 3rd

4th 5th 6th 7th 8th 9th

Age

Birthplace

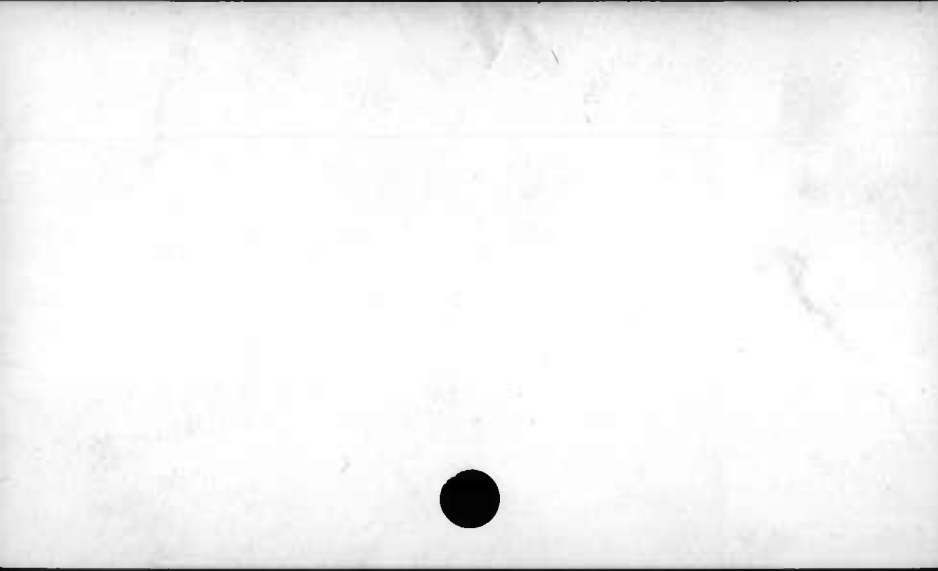
Age

Birthplace

Physician, Midwife, Parent

If child is not named, send name as early as possible.

LIBRARY BUREAU, 70808



Name
in
Full

Emory Bradley

CERTIFICATE OF DEATH

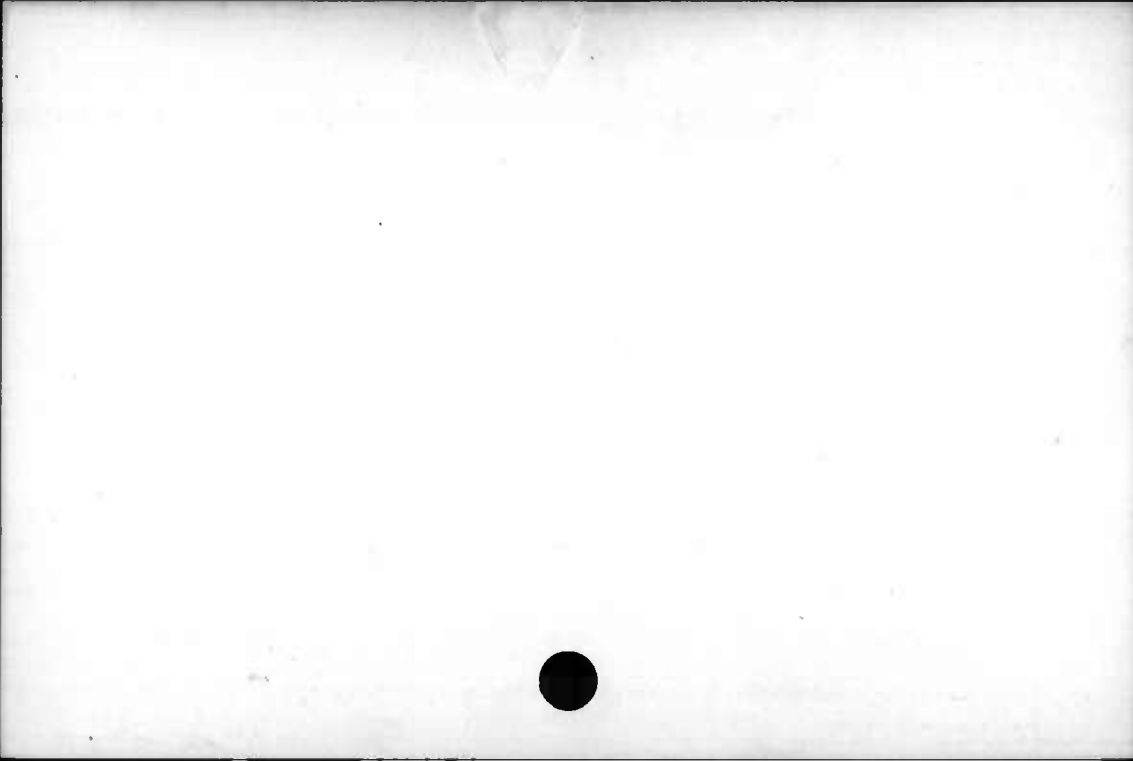
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County Kent Co.		MARYLAND	
Date of death		1903	Month 12	Day 14	Age 71	Months	Days
Sex Male		Color or Race Colored		Birth- place Kent Co. Md			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. N. Comegys
		Address Millington Md.
Accident or Suicide?		



Name of Child

Certificate of Birth

Born at

Town

County

Millington

Kent co

MARYLAND

Date 190

3

Month

12

Day

14

White

Colored

Male

Female

Living

Still Born

Number of Child: 1st 2nd 3rd

4th 5th 6th 7th 8th 9th

Father's

Name in Full

Henry Bordley

Age

Occupation

Farmer

Birthplace

Kent co

Mother's

Maiden Name

Leah B. Lewis

Age

71

Occupation

Birthplace

Reported by

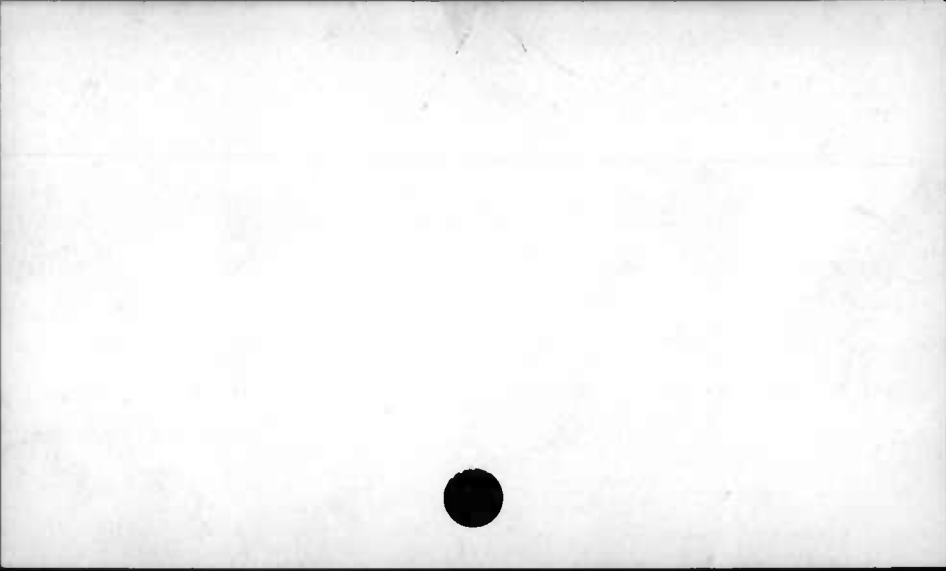
Dr. H. Adams

Physician, Midwife, Parent

Address

Millington Md

If child is not named, send name as early as possible.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Louisa Bright

Town

County

MARYLAND

Died at

Big Woods

Kent

Date

1903 Dec

Month

Day

23

Years

Age

56

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Kent Co Md

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

John Thomas Bright

Father's
Name

Isaac Canik

Father's
Birthplace

Kent Co Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation

George Bright

How related
to deceased62
nephew

CAUSES OF DEATH

Primary

Locomotor Ataxia

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. Brown Barnick

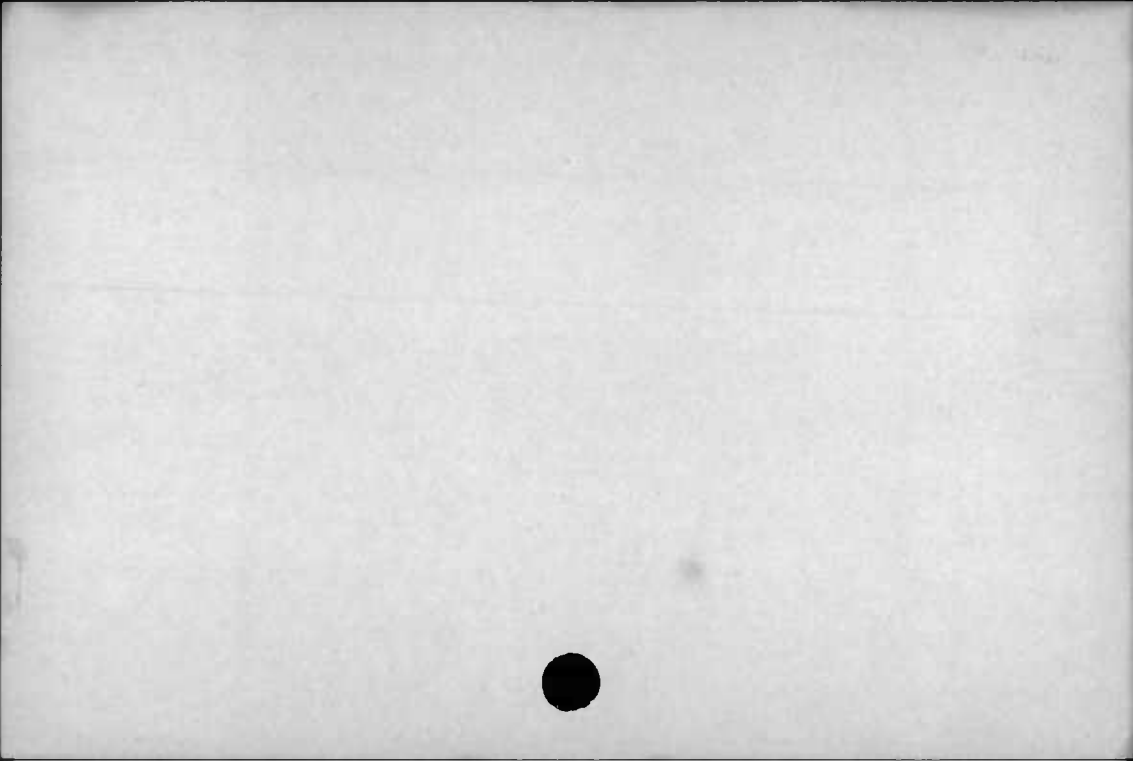
Address

Kennedyville
Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

Rebecca Brinkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Galena^{County} Kent

MARYLAND

Date
of death 1908

Month

Dec

Day

15-

Age

Years

42

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Greenbush Co.

Married, ~~Single~~
~~Widowed~~

Occupation

Name of ~~Wife or~~
Husband

William Brinkley

Father's
Name

John Berry

Father's
BirthplaceMother's
Maiden Name

Nancy Berry

Mother's
BirthplaceName of person giving
In formation

William Brinkley

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Acute Dropsy

How long

4 years

Immediate

Uremic Coma

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

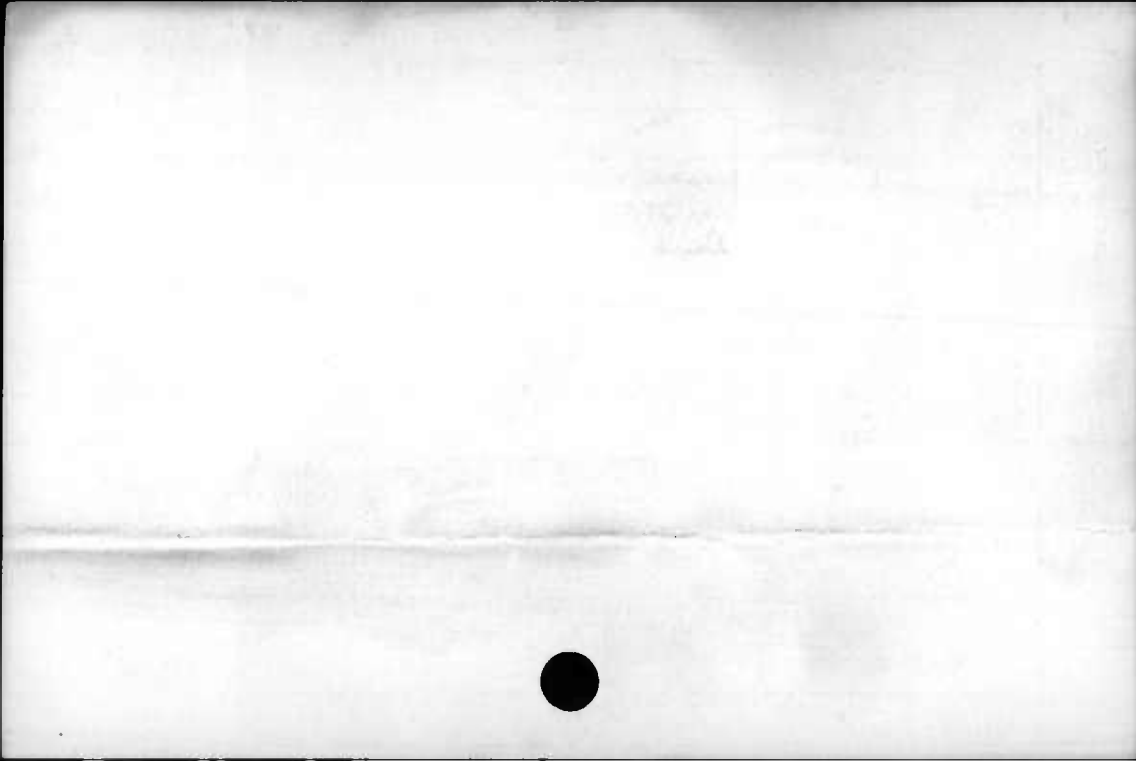
Edward A. Scott,

Address

Galena, Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Robert Butler

CERTIFICATE OF DEATH

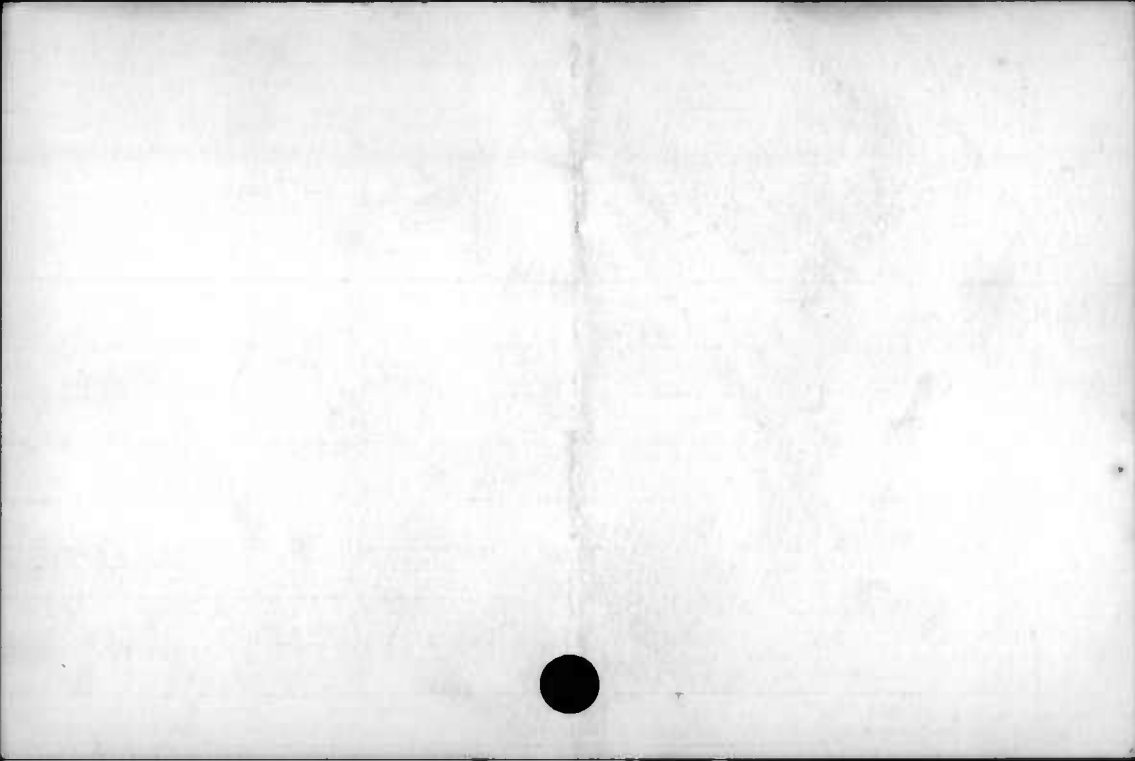
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesterville Grove</i>		Town		<i>Keetch</i>		County	
Date of death 190 <i>3</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>84</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co. Md.</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farm laborer</i>					
Name of Wife or Husband							
Father's Name <i>James Butler</i>				Father's Birthplace <i>Butler Town</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>James Blackstone</i>				How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Old Age</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. P. Gorman M.D.</i>	
		Address <i>Wilmington Md.</i>	
Accident or Suicide?			



Name
in
Full

Infant Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Morton Point</i>		Town <i>Morton Point</i>		County <i>Kent</i>	
Date of death 1903	Month <i>Dec</i>	Day <i>27</i>	Age <i>one</i>	Months <i>Six</i>	Days <i>three</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>	
Married, Single or Widowed			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Eugene Clayton</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Alice Jones</i>			Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Mrs Alice Clayton</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Catarrh</i>	How long <i>6 days</i>
Immediate <i>Diphtheria</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Messer</i>
	Address <i>Hancock Md</i>
Accident or Suicide?	

J. H. Church

Name
in
Full

1 Bernard H. Cochran,

CERTIFICATE OF DEATH

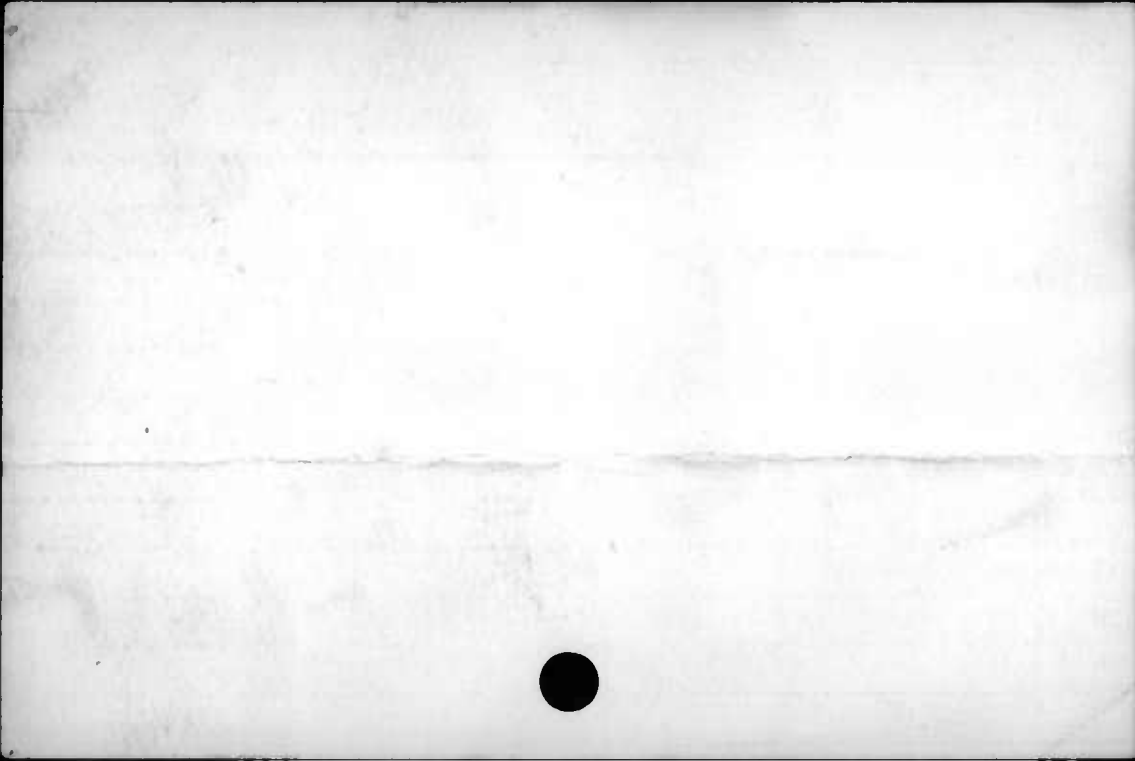
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sassafraz</i> Town		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>3</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sassafraz</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>61</i>					
Father's Name <i>A Wilson Cochran</i>			Father's Birthplace <i>Middleton, W. Va.</i>		
Mother's Maiden Name <i>Cecelia M^e Canby</i>			Mother's Birthplace <i>Galena, Ind.</i>		
Name of person giving information			How related to deceased		

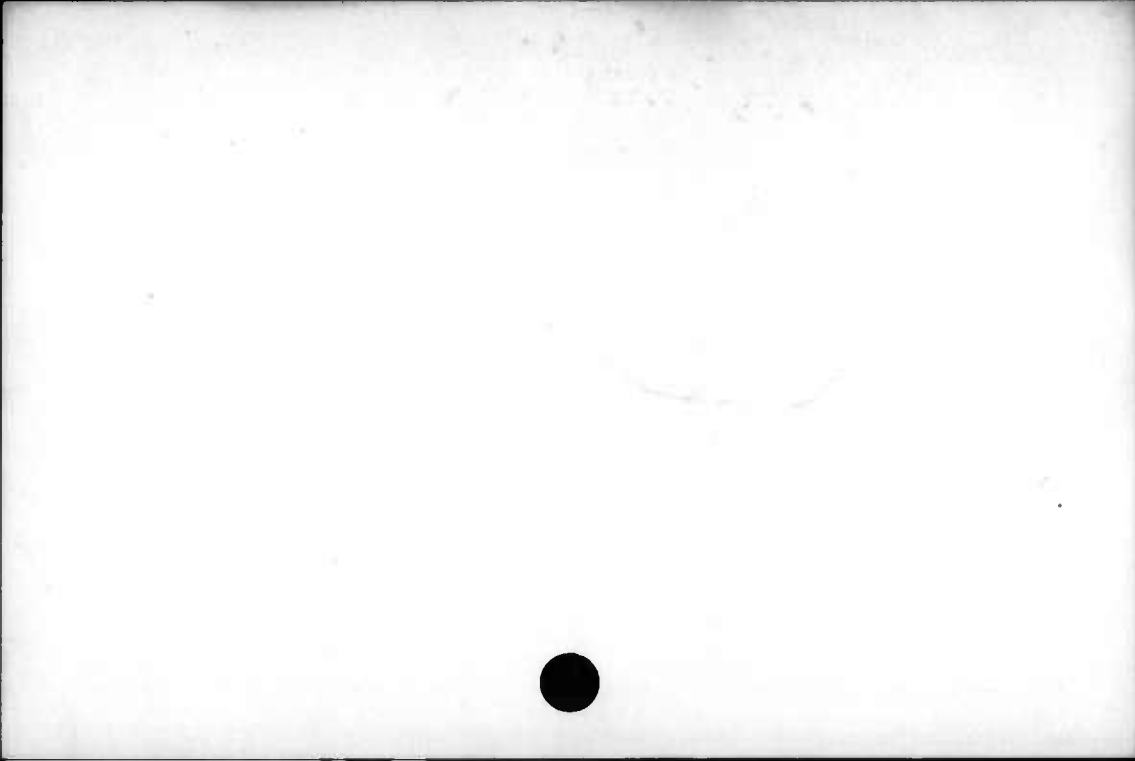
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>21 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Jeter M.D.</i>
	Address <i>Sassafraz, Ind.</i>
Accident or Suicide?	



Name in Full Sarah Legg Haley		CERTIFICATE OF DEATH	
Died at Chestertown		County Kent	
State MARYLAND			
Date of death 190 3	Month Dec	Day 14	Age 32
Months 8		Days	
Sex Female	Color or Race White	Birth-place Talbot Co	
Married, Single or Widowed Married	Occupation Housewife		
Name of Wife or Husband Michael Patrick Haley			
Father's Name Thos Legg		Father's Birthplace 93	
Mother's Maiden Name Fanny Brookes		Mother's Birthplace Queen Anne's	
Name of person giving information Michael P Haley		How related to deceased Husband	
CAUSES OF DEATH			
Primary Pneumonia (double)	How long 4 days		
Immediate Aperosa	How long several weeks		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. G. Simpson		
	Address Chestertown Kent Co		
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Webb Harper

Died at **Still Pond** ^{Town} **Kent** ^{County} **MARYLAND**

Date of death **1903** ^{Month} **Dec** ^{Day} **19** ^{Years} **Age 57** ^{Months} **—** ^{Days} **—**

Sex **Male** Color or Race **White** Birth-place **Ind**

Occupation **Merchant** Where Residing if not at place of death **—**

Married, Single or Widowed **Married** Name of Wife or Husband **Leverna Baynard**

Father's Name **Franklin H Harper** Father's Birthplace **Ind**

Mother's Maiden Name **Margaret Webb** Mother's Birthplace **Ind**

Name of person giving information **F H Harper** How related to deceased **father**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Pneumonia** How long **9 days**

Immediate **Heart failure** How long **5 hours**

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician **W R. Mexvick**

Address **Still Pond Md.**

Accident or Suicide? ☐



Name
in
Full

Amanda Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Pond</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i> <small>Year</small>	<i>Dec</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>70</i> <small>Years</small>	<i>—</i> <small>Months</small> <i>—</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation <i>House Keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Houston</i>				
Father's Name <i>E</i>			Father's Birthplace <i>E</i>		
Mother's Maiden Name <i>E</i>			Mother's Birthplace <i>E</i>		
Name of person giving information <i>Alex Thomas</i>			How related to deceased <i>friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. R. Mearns</i>
<i>Said patient once</i>	Address <i>Still Pond md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

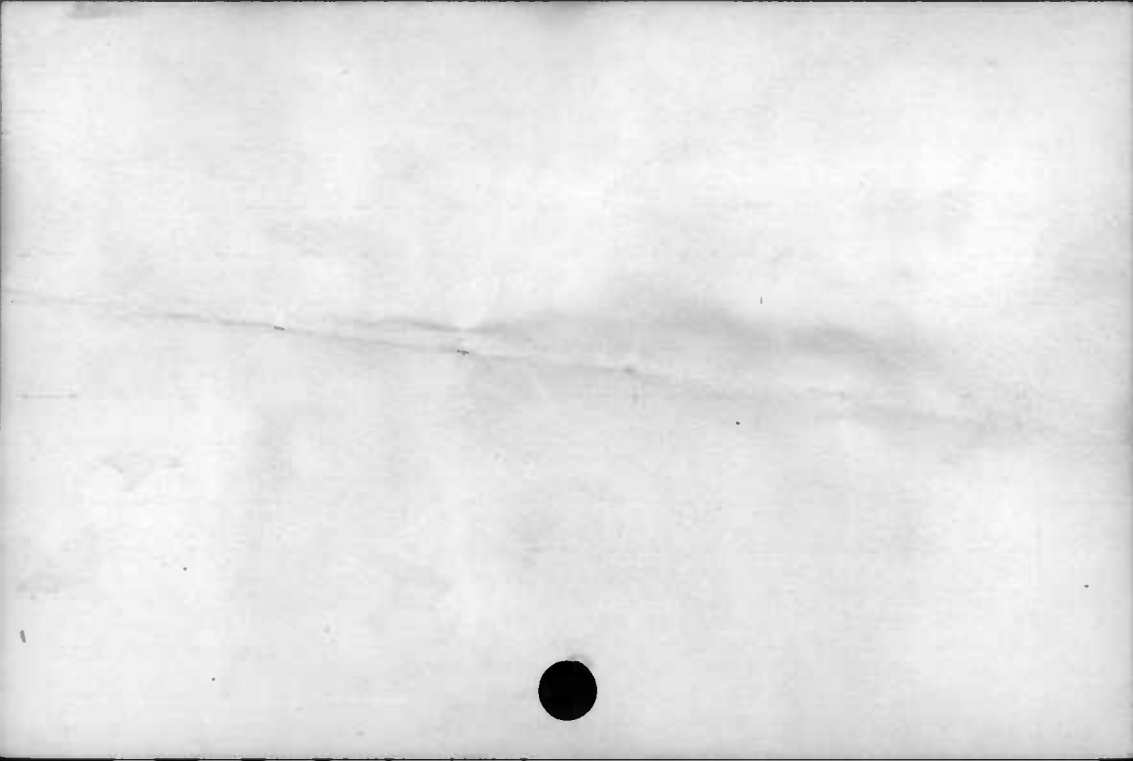
MARYLAND

Name in Full <i>Florence Johnson</i>		Town <i>Fairlee</i>		County <i>Kent</i>	
Date of death 190 <i>3</i>		Month <i>Dec.</i>	Day <i>18</i>	Age <i>3</i>	Years <i>11</i>
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Joseph Stewart</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Annis Johnson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Sarah Wright</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Fever</i>	How long <i>3 weeks</i>
Immediate <i>Convulsion. C. Lancetomy.</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Smith M.D.</i>
	Address <i>Fairlee</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

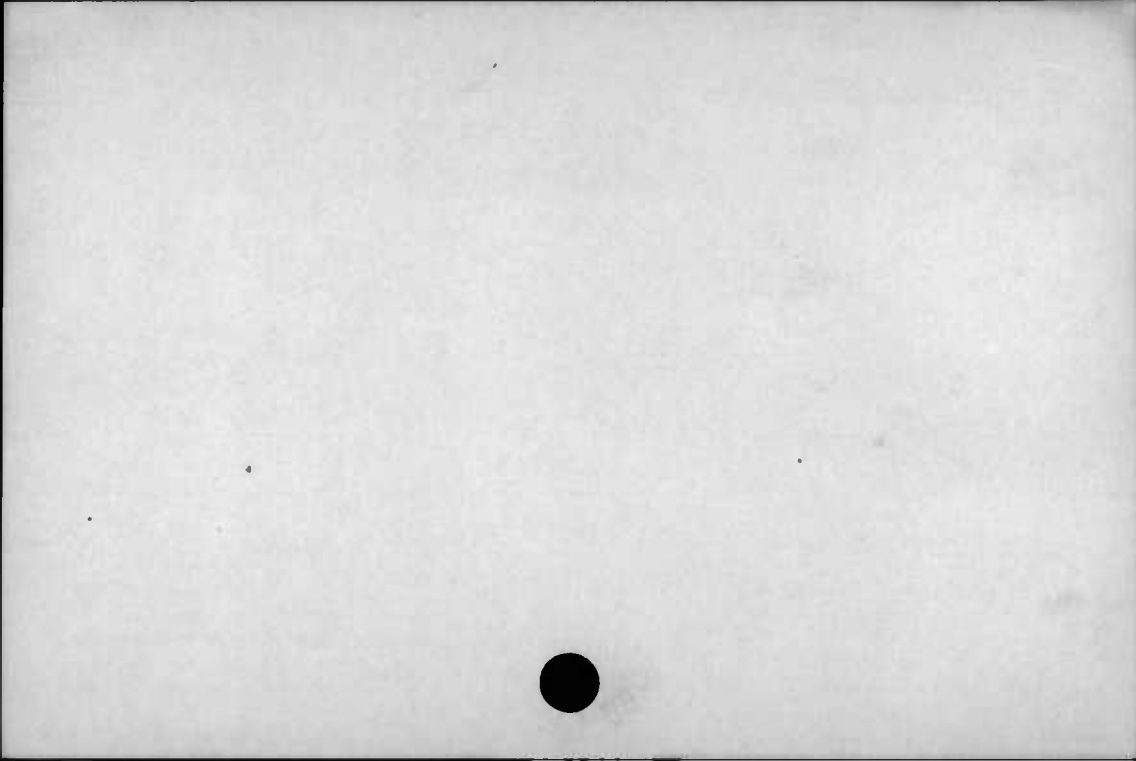
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		STATE	
Died at		Rock Hall		Kent		MARYLAND	
Date of death		1903	Month Dec	Day 17	Age 23	Months —	Days —
Sex		Female		Color or Race		Colored	
Occupation		Housewife		Birth- place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		William Jones	
Father's Name		John. Johnson.		Father's Birthplace		Maryland	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information		William Jones		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis	How long	Three weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		P. L. Long	
Address		Rock Hall Md.	
Accident or Suicide?			



Name
in
Full

William B. Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Kennedyville</i>		^{County} <i>Kent Co</i>		MARYLAND	
Date of death	<i>1903</i>	^{Month} <i>10</i>	^{Day} <i>9</i>	^{Years} <i>73</i>	^{Months} <i>—</i>
^{Sex} <i>male</i>	^{Color or Race} <i>White</i>			^{Birth-place} <i>md</i>	^{Days} <i>—</i>
^{Occupation} <i>Farmer</i>			^{Where Residing if not at place of death} <i>— —</i>		
^{Married, Single or Widowed} <i>married</i>		^{Name of Wife or Husband} <i>Mary E. Gill</i>			
^{Father's Name} <i>William Kennedy</i>		^{Father's Birthplace} <i>Pa</i>		<i>14</i>	
^{Mother's Maiden Name} <i>Sarah Warnock</i>		^{Mother's Birthplace} <i>Pa</i>		<i>15</i>	
^{Name of person giving information} <i>— — — —</i>			^{How related to deceased} <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

^{Primary} <i>Debility old age</i>	^{How long} <i>2 months</i>
^{Immediate} <i>Exhaustion</i>	^{How long}
^{Are the name, age, sex, color, date and place correctly given above?} <i>yes</i>	^{Signature of Physician} <i>G. E. Carnick</i>
	^{Address} <i>Kennedyville Md.</i>
^{Accident or Suicide?} <i>—</i>	

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

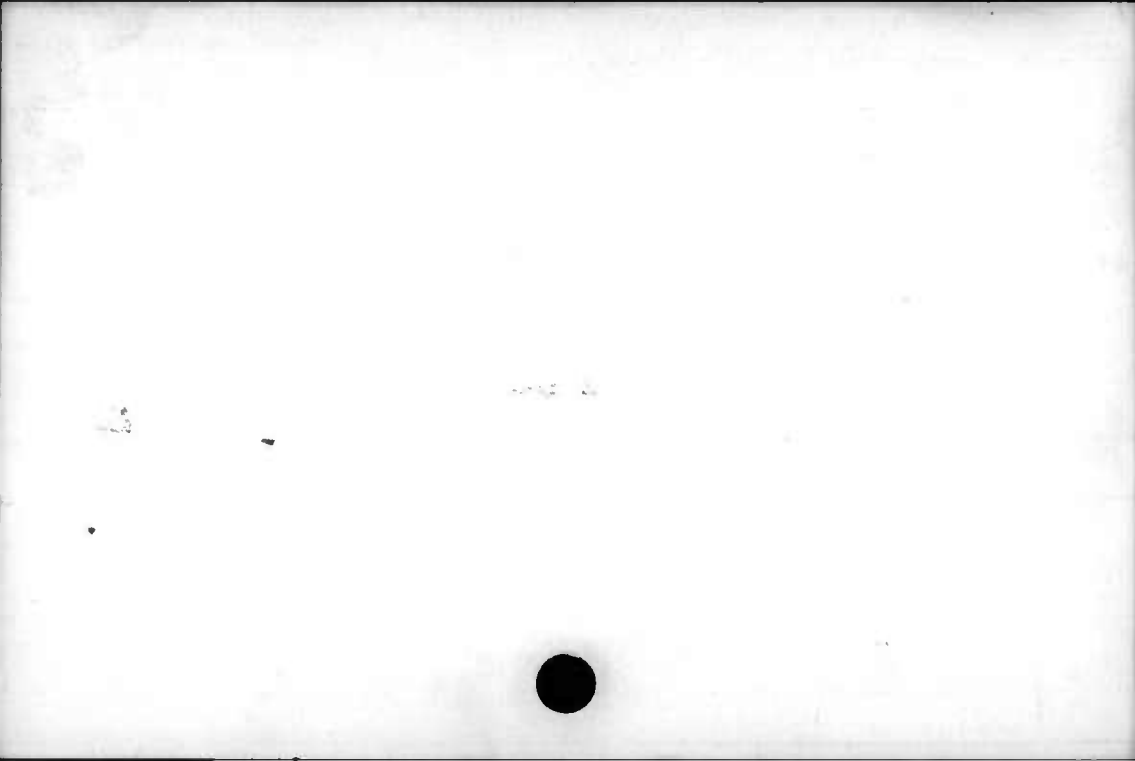
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chapel Lawn</i> ^{Town} <i>Kent</i> ^{County}		<i>Del.</i> MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>13</i>	Age <i>6-6</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ohio</i>	Months <i>-</i> Days <i>-</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lovina P. Lee</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information <i>Harmer Lee</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>1 mo.</i>
Immediate <i>Gastroenteritis</i>	How long <i>1-2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jan. E. Grelley</i>
	Address <i>Templeville</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Jammie Mashii

CERTIFICATE OF DEATH

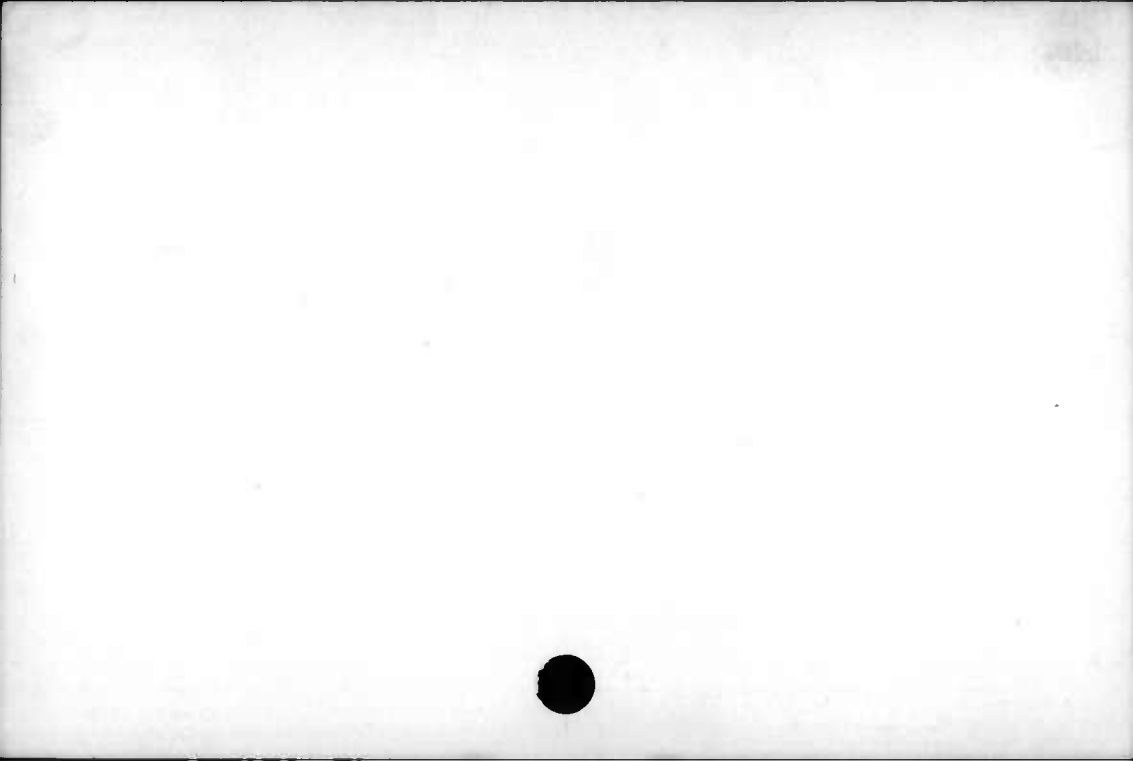
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Pomona</i> Town		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>26</i>	Age Years <i>20</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>J. G. H. Mashii</i>			Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Harriet Ball</i>			Mother's Birthplace <i>Dec</i>		
Name of person giving information <i>Frank Heines MD</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>23 months</i>
Immediate <i>Exhaustion</i>	How long <i>about 8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>Frank Heines MD</i>
	Address <i>Chestertown Md</i>
Accident or Suicide?	



Name
in
Full

Ellie Morn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i> ^{Town}		<i>Kent.</i> ^{County}		MARYLAND	
Date of death 190 <i>30</i> ^{Month}	<i>Dec.</i> ^{Day}	<i>25</i> ^{Years}	Age <i>9</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>African</i>	Birth- place <i>Mo.</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>George W. Moor</i>		Father's Birthplace <i>Mo.</i>			
Mother's Maiden Name <i>Edith Ward</i>		Mother's Birthplace <i>Mo.</i>			
Name of person giving Information <i>Olivia Ward</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis Sev. Endocarditis</i>	How long	<i>2 mos.!</i>
Immediate	<i>Mitral insufficiency</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank W. Smith</i>	
		Address <i>Fairlee.</i>	
Accident or Suicide?			



Name in Full		Still Born. (Robinson)				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND					
		Still Pond		Kent							
		Date of death	1903	Month	Dec	Day	8	Age	Years	Months	Days
		Sex	female	Color or Race	white	Birth-place	Md				
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name	Harry E. Robinson			Father's Birthplace		Md			
Mother's Maiden Name	Hattie E. Smith			Mother's Birthplace		Md.					
Name of person giving information	Harry E. Robinson			How related to deceased							
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long					
		Still Birth.									
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
						Address					
				Accident or Suicide?							

State Bond

Name
in
Full

CERTIFICATE OF DEATH

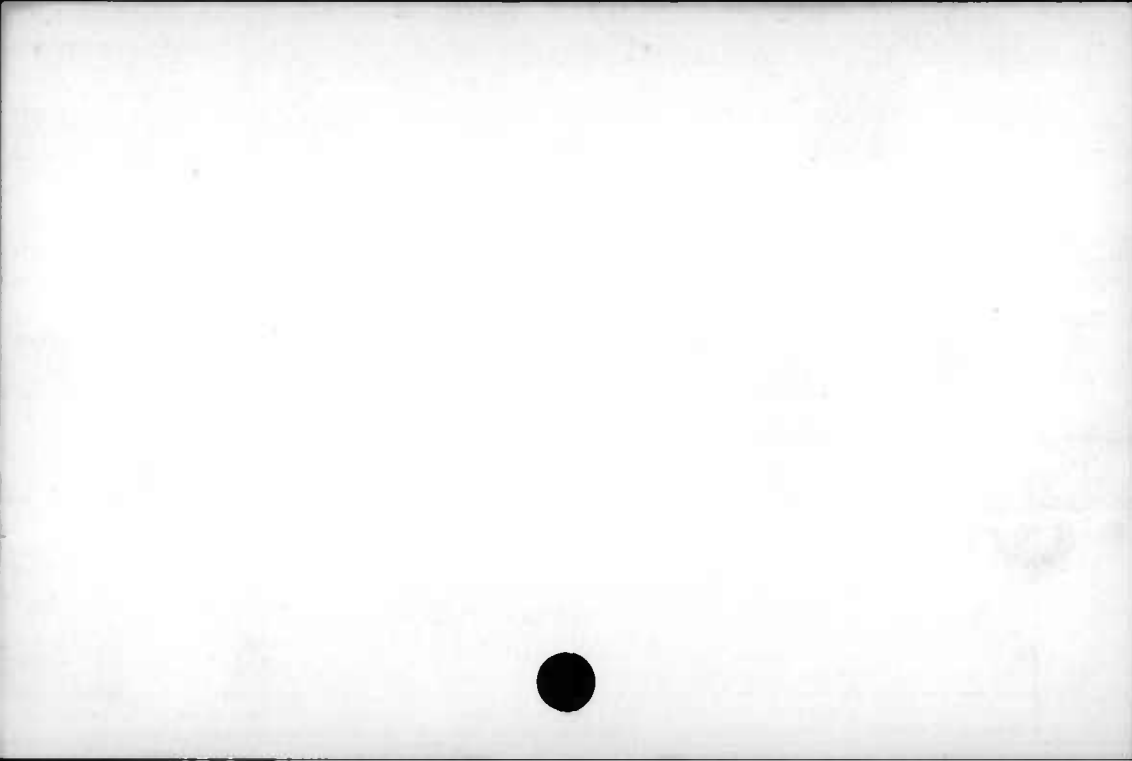
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Davis Hill</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>55</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth- place <i>Bevil Geo, Ind.</i>		Months Days	
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		Occupation <i>Housewife</i>					
Name of Wife or Husband							
Father's Name <i>Fred Ruley</i>				Father's Birthplace			
Mother's Maiden Name <i>Julia Ruley</i>				Mother's Birthplace			
Name of person giving In formation <i>Fred Ruley</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Intestinal Hemorrhage</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>As near</i>		Signature of Physician <i>Edward A. Scott</i>	
<i>As can obtain</i>		Address <i>Galena, Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Henrietta Sanders

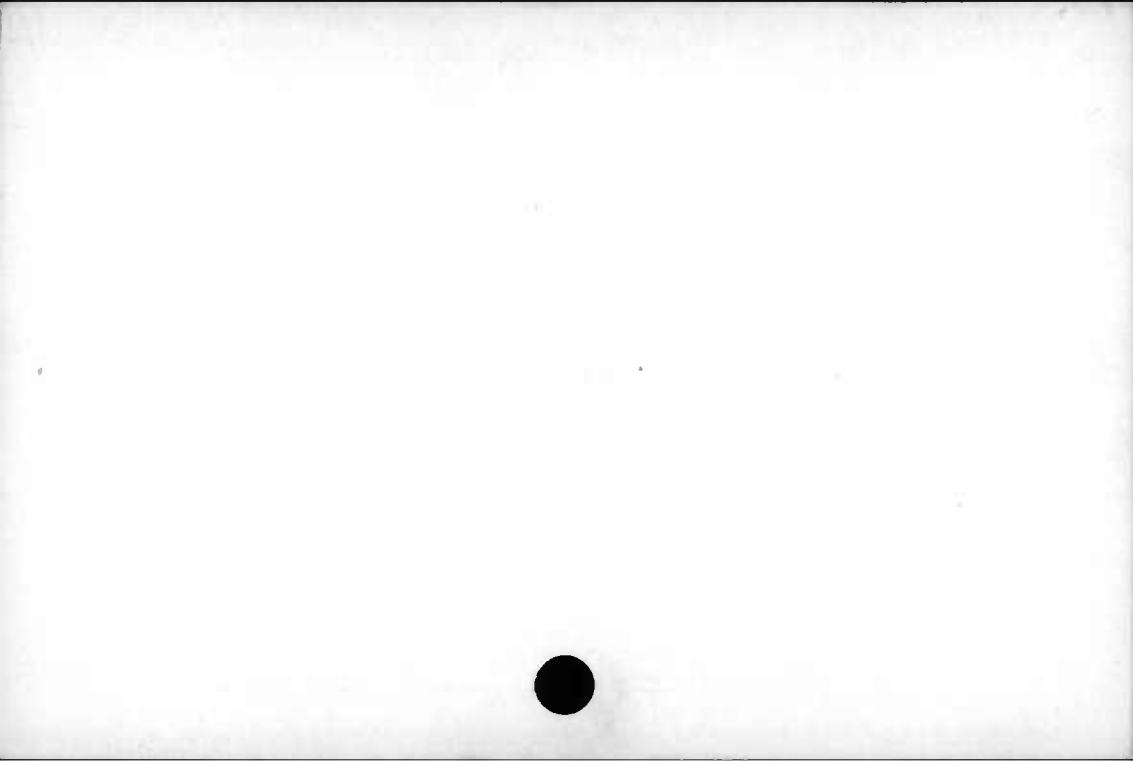
CERTIFICATE OF DEATH

Died at <i>Quaker Neck</i>		Town <i>Quaker Neck</i>		County <i>Kent</i>		MAYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>21</i>	Age <i>81</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Marion Sanders</i>							
Father's Name <i>Abraham Brown</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>George Thompson</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

Primary	How long
Immediate <i>Asthma</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo Thompson</i>
attest <i>W. Melvin</i>	Address <i>Wash Penna Md</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Lilden Willson

CERTIFICATE OF DEATH

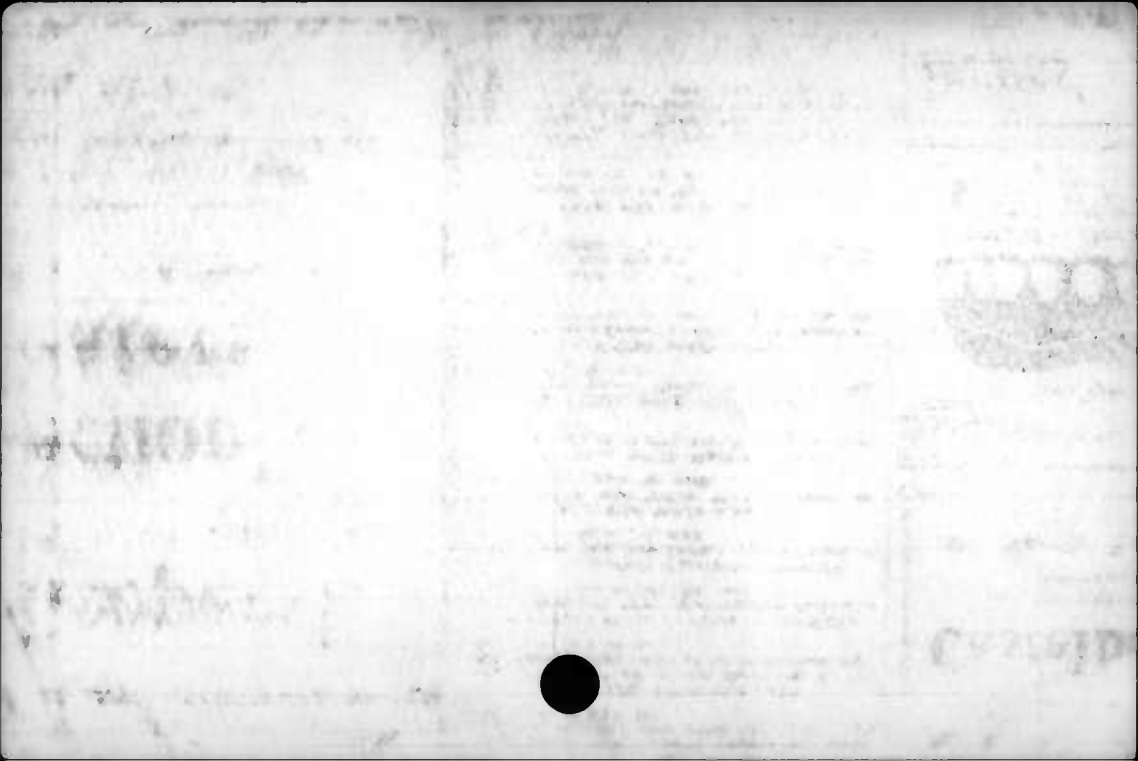
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>11</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>House Keeper</i>				
Name of Wife or Husband <i>Alexander Willson</i>							
Father's Name <i>James Liden Brown</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ann Liden</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Carroll Willson - son</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long
Immediate <i>Exhaustion</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Willson</i>
	Address <i>Rock Hall, Kent Co. Maryland</i>
Accident or Suicide?	



Name
in
Full

Charles A Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bitterton</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	<u>Dec</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>35</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Finnerin</u>				
Father's Name <u>James B. Wilson</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Roseilea Taylor</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Mr Wilson</u>	How related to deceased <u>27 father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes patient once</u>	Signature of Physician <u>W. B. Messick</u>
	Address <u>Still Point md</u>
Accident or Suicide? <u> </u>	

